

SOUTH DAKOTA HMEP

TRAINING

GRANT APPLICATION PACKAGE

For more information or help applying, contact:
Nathan Solem
Hazardous Materials Coordinator
South Dakota Office of Emergency Management
(605) 773-6424

APPLICATION DEADLINE: At least 30 days prior to the training event

Send application to:

South Dakota Office of Emergency Management
Attention: Nathan Solem
118 West Capitol Avenue
Pierre, South Dakota 57501-2000

APPLICANT: _____

_____ COUNTY

CONTACT NAME: _____

AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE (DAY): _____

E-Mail Address: _____

NON-SUBMISSION OF ANY ITEM MAY DELAY YOUR APPLICATION

1. Does the above agency currently have a budget and method to distribute funds?
a. Yes _____ No _____
2. Does the county in which applicant resides have an active LEPC with quarterly meetings and by-laws which is necessary to qualify for this grant? _____ Yes _____ No
3. Descriptive title and description of applicant's training project:
4. Explain (justify) the cost vs. the benefit of your project and why it should be funded.

5. Check the Level of Training being addressed by this Training Project:

Level 1 (Awareness)	_____
Level 2 (Operations)	_____
Level 3 (Technician)	_____
Level 4 (Specialist)	_____
Level 5 (Incident Command)	_____
Other (Specify) _____	_____

6. Attach a course outline showing the objectives of the course, an agenda of the training project and a resume, biography or training records showing the qualifications of the instructor (attach extra pages if needed). Your application will not be considered without this information as each level of hazmat training must meet certain objectives and each instructor must have certain qualifications for the training to qualify for the grant funds. The objectives and qualifications are available under the hazmat forms section of the OEM website.

MEMO: Reimbursement will be at the rates shown on the following budget page. A formal signed contract will be required pending approval of this application. Copies of receipts are required for all reimbursements. A class roster of all students trained must also be submitted prior to grant payment. A roster form is available on the OEM Forms webpage under Hazmat.

HMEP TRAINING GRANT PROPOSED BUDGET

Class Type: _____ Class ID: _____ Start Date: _____ End Date: _____

LOCATION: _____ COUNTY: _____

Grant Request Amount (Line c below): _____

Number of Participants _____

Budget Information Regarding Above Request

Breakdown costs of the project to each category

	\$	
Student Wages (Match – hard or soft) *		
Student Fringe Benefits (Match)		
* Include all classroom hours at students' estimated regular job rate		
Student Travel (Mileage) \$0.32 per mi **		
Student Meals (\$26.00 per diem)**		
Student Lodging (\$60.00 per night)**		
**For out of town classes only		
Instructor Cost (\$40.00 per hour class time)		
Instructor Travel (Mileage) \$0.32 per mi		
Instructor Meals (\$26.00 per diem)		
Instructor Lodging (\$60.00 per night)		
Equipment and Supplies (\$150 for Awareness, \$300 for Operations, \$1,000 for Technician)		
Other (Specify)		
Project Total Cost		a
LESS Match (Student Wages and Fringes) 20 % of Line a minimum required		b
Grant Request Amount (a-b)		c

Name, Title and Signature of Course Sponsor Authorized Person:

NAME
(PRINT): _____

SIGNATURE: _____

DATE: _____

TITLE: _____

I certify that all information given in this grant application is true and correct and that all funds distributed to the above applicant will be used solely for the project and purposes described in this grant application.